PART B-ISSUE FEE TRANSMITTA'

SUDLOUS S61-82

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of issue Fee or thereafter. See reverse for Certificate of Mailing, below. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) depending on the needs of the individual case. Any comments on the amount of time required to INVENTOR'S NAME complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. Street Address DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 City. State and Zip Code 1. CORRESPONDENCE ADDRESS CO-INVENTOR'S NAME 5M1/0610 DONALD L. WODD RECEIVED Street Address YOUNG AND BASILE 3001 W BIG BEAVER City, State and Zip Code SUITE 624 AUG 08 1997 TROY MI 48084-3109 ☐ Check if additional changes are enclosed APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 08/741,981\ 10/31/96 BATTISTA, M 3502 015 06/10/97 First Named Applicant RIXON. CHRISTOPHER J. TITLE OF INVENTIGNECTRONIC ADJUSTABLE PEDAL ASSEMBLY ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 3 D11-051 074-514.000 N97 UTILITY YES \$645.00 09/10/97 3. Correspondence address change (Complete only if there is a change) 4. For printing on the patent front HOWARD & HOWARD page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm HOWARD & HOWARD ATTORNEYS having as a member a registered 1400 NORTH WOODWARD, STE. 101 attorney or agent. If no name is listed, no name will be printed. BLOOMFIELD HILLS, MI 48304 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: Teleflex Incorporated 6a. The following fees are enclosed: A Isalia Fee Advance Order - # of Copies (2) ADDRESS: (CITY & STATE OR COUNTRY)
Plymouth Meeting, PA 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE A COPY OF THIS FORM) ☐ Issue Fee Advance Order - # of Copies A. This application is NOT assigned. Any Deficiencies in Enclosed Fees Assignment previously submitted to the Patent and Trademark Office. COMMISSIONER OF PATENTS AND TRADEMARKS is Assignment is being submitted under separate cover. Assignment should be sted to apply the Issue Fee to the app directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been perviously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing NOTE: The/Issua Fee one other than the will not be ac noted from an applicant, a registered attorney or aftert, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. **Certificate of Mailing** Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficent postage as first class mail in an envelope addressed to: **Box ISSUE FEE Assistant Commissioner for Patents** 09/12/1997 SHOPPER 00000151 08741981 Washington, D.C. 20231 (Date) Linda R Munroe (Name of person making deposit) (Signature) (Date)

1. TRANSMIT THIS FORM WITH FEE